Approved for use through 1/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Filing Date 10/774,849 02/09/2004 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) OR FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) FEE (\$) ☐ BASIC FEE N/A N/A N/A N/A (37 CFR 1.16(a), (b), or (c) SEARCH FEE N/A N/A N/A N/A **EXAMINATION FEE** N/A N/A N/A N/A (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS OR minus 20 = X S X S (37 CFR 1.16(i)) INDEPENDENT CLAIMS X \$ X \$ minus 3 = (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE FEE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 3) SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) HIGHES1 ADDITIONAL ADDITIONAL REMAINING PRESENT NUMBER RATE (\$) 02/27/2007 RATE (\$) PREVIOUSLY **EXTRA AFTER** FEE (\$) FEE (\$) AMENDMENT **AMENDMENT** PAID FOR Total (37 CFR Minus ~ 20 = 0 X \$ OR X \$50= 19 0 Independent (37 CFR 1.16(h) • 3 Minus ***3 = 0 X S = OR X \$200= 0 Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i)) TOTAL TOTAL ADD'L OR ADD'L 0 FEE FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDITIONAL REMAINING NUMBER PRESENT ADDITIONAL RATE (\$) RATE (\$) AFTER AMENDMENT PREVIOUSLY **EXTRA** FEE (\$) FEE (\$) PAID FOR Total (37 CFR Minus Ä10 X \$ OR X S x \$ 200 OR Minus X \$ = (37 CFR 1.18(h) Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) TOTAL TOTAL ADD'L ADD'L OR

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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Legal Instrument Examiner:

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